

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 31, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P94000072745**1. Entity Name  
SEAGRAPE OF NORTH WEST FLORIDA, INC.

|                                                                                  |                                                                      |
|----------------------------------------------------------------------------------|----------------------------------------------------------------------|
| Principal Place of Business<br>14001 PERDIDO KEY DR<br><br>PENSACOLA FL 32507 US | Mailing Address<br>14001 PERDIDO KEY DR<br><br>PENSACOLA FL 32507 US |
|----------------------------------------------------------------------------------|----------------------------------------------------------------------|

|                                                        |                                            |
|--------------------------------------------------------|--------------------------------------------|
| 2. Principal Place of Business<br>14110 PERDIDO KEY DR | 3. Mailing Address<br>14110 PERDIDO KEY DR |
|--------------------------------------------------------|--------------------------------------------|

|                                  |                                  |
|----------------------------------|----------------------------------|
| Suite, Apt. #, etc.<br>SUITE N1B | Suite, Apt. #, etc.<br>SUITE N1B |
|----------------------------------|----------------------------------|

|                              |                              |
|------------------------------|------------------------------|
| City & State<br>PENSACOLA FL | City & State<br>PENSACOLA FL |
|------------------------------|------------------------------|

|              |               |              |               |
|--------------|---------------|--------------|---------------|
| Zip<br>32507 | Country<br>US | Zip<br>32507 | Country<br>US |
|--------------|---------------|--------------|---------------|

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>59-3275809 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

MARTS THAYER M  
155 OFFICE PLAZA DRIVE  
  
TALLAHASSEE FL  
32301 US

**7. Name and Address of New Registered Agent**

|                                                    |
|----------------------------------------------------|
| Name                                               |
| Street Address (P.O. Box Number is Not Acceptable) |
| City FL Zip Code                                   |

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ DATE **01/31/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees**11. OFFICERS AND DIRECTORS**

|                                                |                                                                   |                                 |
|------------------------------------------------|-------------------------------------------------------------------|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>HAWKINS ALLAN W<br>13426 VALERIE DRIVE<br>PENSACOLA FL 32507 | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                   | <input type="checkbox"/> Delete |

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|                                                |                                                                   |
|------------------------------------------------|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: ALLAN W. HAWKINS****PRES 01/31/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)